

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

* 99-196

Radiocorp of Jackson, Inc.

P.O. Box 198

Brownsville, TN 38012

COMPLETE THIS SECTION ON DELIVERY

A. Received by (please Print Clearly) | B. Date of Delivery

☐ Addressee
☐ Yes
☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery?(Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

0023 0771 3419

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

DOCKET NO. 99-196

CERTIFIED & INSPECTED

MAIL NOV 12 2002

RETURN

RECEIPT REQUESTED

NAME: Radiocorp of Jackson, Inc
 P.O. Box 198
 Brownsville, TN 38012

BY

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$.37

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ 4.42

Postmark
Here

Name (Please Print Clearly) (to be completed by mailer)

Radiocorp of Jackson, Inc

Street, Apt. No. or P.O. Box No.

P.O. Box 198

City, State, ZIP+4

Brownsville, TN 38012

PS Form 3800, July 1999

See Reverse for Instructions